

MERCER COUNTY SURROGATE'S COURT
Diane Gerofsky, Surrogate

INFORMATION SHEET TRUSTEESHIP
CORPORATION

1. Trustee name(s) and residing address or mailing address if it is different from residing address:

Telephone No(s):

2. Where and when does the Trustee(s) wish to qualify?

3. Trust created under

 -
(State under what Article/Paragraph/Item of the Will)

4. Specific Trust Title:

(ie. for the benefit of a specific person (who), Family Trust, Marital Trust,
Complex Trust, Simple Trust, Credit Shelter Trust,
Charitable Trust etc.)

5. Trustee appointed by Court Order entered

6. Name of Trust Beneficiary(ies) Residing Address Interest under Trust

7. When a Trustee is a corporation the following information is required:

If a New Jersey Bank:

- 1) **Bank Affidavit pursuant to NJSA 17:9A-34 and**
- 2) **Corporate Power (This will be prepared by the Surrogate's office based on completed fact sheet)**

If a bank is not a New Jersey Bank:

- 1) **A letter from the New Jersey Banking Commission dated within 30 days and**
- 2) **Corporate Power (This will be prepared by the Surrogate's office based on completed fact sheet)**

8. The initial Trusteeship fee includes (1) trustee short certificate. Do you wish to order any additional trustee short certificates?

 How many?

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9. Name and title of the bank officer and the secretary of the corporation who will be signing on behalf of the Corporation:
Officer

Title_____

Secretary_____

10. If the Trustee is out of state and not appearing in the Surrogate's office to qualify please provide the name and address of a Notary Public whom the Trustee may appear before to qualify:

Name_____

Address_____

Telephone_____

Please Note: When making your appointment with the Surrogate's Court for a satellite office, kindly return or fax this sheet to this office 24 hours prior to your appointment.

MERCER COUNTY SURROGATE'S COURT

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